Under the Paperwork Reduction Act of 1995, no person are required to resp

Onder the F	aperwork Reduction Act of	1995, no person are re	quileu to	respond to a collection	on or information	ni uniess it display	3 a valid Olvi	D CONTOUNDE	
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				, application realise.		0/564,182-Conf. #8012			
FEE TRANSMITTAL						1ay 24, 2006			
For FY 2009			First Named Inventor Doclo, Simon						
						Paul Disler			
Applicant claims small entity status. S		us. See 37 CFR 1.27	See 37 CFR 1.27		Art Unit 26		614		
TOTAL AMOUNT OF PAYMENT		(\$) 0.00		Attorney Docket No. 22		2409-00388-US			
METHOD OF	PAYMENT (check	all that apply)							
Check	Credit Card	Money Order	No	ne Other (	please identify	):			
Deposit Ac	count Deposit Account	Number: 22-0	185	Deposit /	Account Name:	Connolly Bov	e Lodge	& Hutz LLP	
For the	above-identified depo	osit account, the Di	rector is	hereby authorize	ed to: (check	( all that apply)			
С	harge fee(s) indicated	d below		Charge	e fee(s) indi	cated below, ex	xcept for	the filing fee	
	harge any additional e(s) under 37 CFR 1.		nents o	f X Credit	any overpa	yments			
FEE CALCU	` '	10 and 1.17							
	G, SEARCH, AND E	XAMINATION FEE	s						
I. BAGIOTILII	FILING FEES SEARCH FEES EXAMINATION FEES								
A		Small Entity	<b>-</b> /	Small Entity	F (\$)	Small Entity	<b>F</b>	D-1-L (6)	
Application To Utility	<u>ype                                    </u>	<u>Fee (\$)</u> 165	Fee (\$	) <u>Fee (\$)</u> 270	<u>Fee (\$)</u> 220	<u>Fee (\$)</u> 110	Fees	<u>Paid (\$)</u>	
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0.50	0			
2. EXCESS CL	O	Ü	V		Small Entity				
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
<u>Total Claims</u>	Extra Claim	s <u>Fee (\$)</u>	F	ee Paid (\$)	<u>Mu</u>	ıltiple Depend	ent Claim	<u>s</u>	
	- 20 or HP	_ x =			<u>Fee</u>	<u>• (\$)</u>	Fee Paid (	<u>(\$)</u>	
Ī	nber of total claims paid for		_	D : 1 (A)					
Indep. Claims 3	<u>Extra Claim</u> - 3 or HP =	<u>s Fee (\$)</u> x =	F	ee Paid (\$)					
	- 3 or nP ber of independent claims		3.						
3. APPLICATIO	N SIZE FEE								
If the specification	ation and drawings e								
	ler 37 CFR 1.52(e)),				or small en	tity) for each a	dditional 3	50	
	raction thereof. See 3			` '		- (4)	_	- · · · · · · · ·	
<u>Total Sheet</u>				dditional 50 or frac				Paid (\$)	
100 = /50 = (round <b>up</b> to a whole number) x <b>4. OTHER FEE(S)</b>							=	s Paid (\$)	
•	Specification, \$13	0 fee (no small ent	itv disc	ount)			1 00.	s raid (#)	
_	late filing surcharge)	,	,	)					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2 6-7								
SUBMITTED BY Signature	/Michael G. Vora	a/		Registration No.	39,410	Telephone	(202) 3	31_7111	
	/Michael G. Verga/			(Attorney/Agent)	JJ,410	<u> </u>		31-7111	
Name (Print/Type)	Michael G. Verga					Date May 18, 2009			